

PLACE OF BIRTH
 County of Vigo
 Township of Harrison
 Town of _____
 or _____
 City of Jerre Haute (No. 3015 School av St.; 6 Ward)
 Registered No. 753P
CERTIFICATE OF BIRTH 45099
 FULL NAME OF CHILD Vivian Marie Gordon
 If child is not named, make supplemental report.

Sex of Child <u>Female</u>	Twin, Triplet, or other? <u>Single</u>	and { Number in order of birth <u>1st</u> }	Legitimate? <u>no</u>	Date of Birth <u>Aug 5</u> 19 <u>18</u> (Month) (Day) (Year)
FATHER Full Name <u>Bert Jones</u> Residence <u>Jerre Haute Ind</u> Color or Race <u>W</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Jerre Haute Ind</u> Occupation <u>Saddier</u>			MOTHER Full Maiden Name <u>Hazel Gordon</u> Residence <u>3015 School av</u> Color or Race <u>W</u> Age at last Birthday <u>20</u> (Years) Birthplace <u>Mt Vernon Ind.</u> Occupation <u>Housework</u>	
Number of children born to this mother, including present birth <u>One</u>		Number of children, of this mother, now living, including present birth <u>One</u>		Were precautions taken against ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated.
 (Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David W Bopp
Physician
 (Attending physician, midwife, householder,*)

Given name added from a supplemental report _____, 19____

Address Jerre Haute Ind
 Filed Aug 28, 1918
David W Bopp
 HEALTH OFFICER.